

COMPUTER ACCESS REQUEST

Provision of your social security number is mandatory per [DFS security policy outlined in the DFS Security Manual]. Failure to provide your SSN will result in the denial of your request. The department is legally responsible for protecting the confidentiality of personally identifiable information.

Any screen or printout displaying names and SSNs contains confidential information that must be secured.

Note: To indicate access changes for CARES or KIDS use supplemental form (DWSW-11-E) instead of this form.

Please check one or more of the checkboxes below:

- ☒ Person is requesting a new State Logon ID and does not currently have one for the local agency or tribe
☐ Person has a change in name, phone number or SSN

- ☐ Person's access to an application should be:
☐ added (use line 16)
☐ removed (use line 18)
☐ Person's user ID should be deleted

User please fill in the following information:

1. ID (not required if requesting new ID)	2. Employer Name	3. Private Employer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Name	5. E-mail Address	6. Work Phone Number ()
7. SSN	8. Mother's Maiden Name	9. Agency Name
10. Agency Address	11. County/Tribal or District WDA	12. KIDS FIPS Code
13. Supervisor Name	14. Supervisor Phone Number ()	15. Agency Type <input type="checkbox"/> IM/ES <input type="checkbox"/> W2 <input type="checkbox"/> W2 Service Provider <input type="checkbox"/> Social Services <input type="checkbox"/> Job Service <input type="checkbox"/> Workforce Development Board <input checked="" type="checkbox"/> Other (Specify): SFA

16. Choose the System(s) for which access should be ADDED: (* Requires DWD WI Logon ID for DWD partner staff)
(** If requesting EOS, CARES or KIDS, please attach DWSW-11-E) (***) Requires WAMS ID)

- ☐ CARES** ☐ DIRECT CERTIFICATION*** EBT (Electronic Benefits Transfer)*** Choose either issuance or repayment
☐ KIDS** ☐ CWW*** ☐ ISSUANCE
☐ EXTRANET* ☐ EOS** ☐ REPAYMENT
☒ OTHER: Direct Certification

17. WAMS WI User ID: _____ **DWD WI Logon ID:** _____

18. Choose the System(s) for which access should be REMOVED:

- ☐ CARES ☐ EXTRANET
☐ EOS ☐ KIDS ☐ OTHER: _____

Read carefully before signing this Operator Security Acknowledgment

I recognize and understand that data and its information content is a DWD asset which is required to be safeguarded in accordance with the DWD Policy Manual – Sec. 516 and WI Statutes 49.81, 49.83, 108.24 and 943.70
http://dwdworkweb/dwdpolicy/516_03.htm

- DWD policy provides that: (a) all passwords related to the legitimate access to data are personal to the operator authorized to access data and must be kept CONFIDENTIAL; (b) permitting another to use such password to gain access to data is expressly prohibited, and (c) an operator should never leave a workstation unattended without first terminating or locking their session.
- A breach of DWD policy constitutes a security violation and may subject the operator to disciplinary action when circumstances warrant it. Any operator who knows of actual or attempted violations should notify their supervisor.

User Signature	Date Signed	Supervisor/FASL Signature	Date Signed
Agency Security Officer Signature	Date Signed	State Security Officer Signature	Date Signed
Agency Security Officer Phone ()	Agency Security Officer Fax ()	Password For Password, call (608) 261-6317	